

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

State File No. 153
Registered No. 107

1. PLACE OF BIRTH

County Gila State Arizona
District or Township _____ or Village _____
City Globe No. _____ St. _____ Ward _____

2. Full name of child Alexander Fazonkas
(If birth occurred in a hospital or institution, give its NAME instead of street and number)
(If child is not yet named, make supplemental report, as directed.)

3. Sex of Child Male To be answered ONLY in event of plural births. 4. Twin, triplet or other _____ 5. Legitimate? yes 6. Date of birth 5-17-26
Month Day Year

8. FATHER Full name Pete Fazonkas 14. MOTHER Full maiden name Rozinda Dokreki

9. Residence (Usual place of abode) Globe Ariz. 15. Residence (Usual place of abode) Globe Ariz.
If non-resident, give place and state.

10. Color or race Greek 11. Age at last birthday 31 (Years) 16. Color or race Mex. 17. Age at last birthday 24 (Years)

12. Birthplace (city or place) Greece (State or country) 18. Birthplace (city or place) Mexico (State or country)

13. Occupation Nature of industry Miner 19. Occupation Nature of industry Housewife

20. Number of children of this mother 2 (Taken as of time of birth of child herein certified and including this child.) (a) Born alive and now living 2 (b) Born alive but now dead 0 (c) Stillborn 0 21. Were precautions taken against ophthalmia neonatorum? yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 3:00 A.m. on the date above stated
(Born alive or stillborn)

Signature C. W. Adams Physician or Midwife
(Physician or midwife)

Given name added from a supplemental report _____ Address Globe Ariz.

Month, day, year _____ Filed May 31, 1926 Registrar N. H. Horn

Registrar

Registrar

162-517-957

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each in order of birth stated.